

# TRANSMITTAL FORM

Application Number	10/004,563
Filing Date	12/05/2001
First Named Inventor	Hluchyj, Michael
Group Art Unit	2616
Examiner Name	Hyun, Soon D.
Attorney Docket No.	SNS-008C1
Patent No.	Not applicable
Issue Date	Not applicable

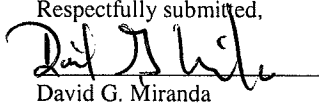
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below)
--	---	--

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: December 27, 2007  
 Reg. No.: 42,898  
 Tel. No.: (617) 526-9620  
 Fax No.: (617) 526-9899  
 David G. Miranda  
 Attorney for the Applicant(s)  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600